

EUROPE STAKEHOLDER ANALYSIS REPORT

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Acronyms

CCL	Center for Creative Leadership
DEI	Diversity, Equity, and Inclusion
EU	European Union
INGO	International Non-Governmental Organizations
OECD	Organization for Economic and Co-Operative Development
WLGH	Women Leaders in Global Health

Executive Summary

INTRODUCTION

Established in 2019, WomenLift Health is committed to expanding the power and influence of talented women in global health and catalyzing systemic change to achieve gender equality in health leadership. With Hubs in East Africa, North America, South Asia, Southern Africa, and with plans for further expansion into other regions, WomenLift Health envisions a world where diverse, accomplished leaders collectively transform health outcomes. To support evidence-driven growth, WomenLift Health has partnered with Bixal to conduct ongoing data collection, learning, and evaluations for the program. This report presents the results of a stakeholder analysis, which was conducted through interviews with mid-level, senior, and executive leaders in the field of global health, to look at the organizational and broader landscape of the field as it relates to women's leadership in Europe. The purpose of this assessment was to help WomenLift Health address timely and relevant issues as the program expands to Europe.

To this end, Bixal's research team reviewed literature about the global health sector across Europe (primarily Northern and Western European countries) and interviewed 30 mid- and senior-level global health professionals from nine European countries representing a range of sub-sectors, including international non-governmental organizations (INGOs), government agencies, multilateral institutions, academia, philanthropy, and the private sector. A few limitations should be noted: 1) several of the respondents have worked in various countries and sectors, so this wider perspective may inform their answers; 2) several of the respondents are based in countries that are not their country of origin, especially those in Switzerland; and 3) the assessment was designed to inform the program and is not generalizable to one country or sector, especially given the underrepresentation of men and/or people of color in the sample.

FINDINGS

Research Question 1: What are the barriers and opportunities around women's leadership in global health to address in the program design?

Barriers

The assessment identified several barriers to women's leadership in Europe, many of which are grounded in existing patriarchal systems. At national- and societal-levels, respondents noted that women are often not considered for leadership positions because women tend to assume the default caregiving roles at home, especially when it comes to raising children. Furthermore, bias against women, regardless of their experience or family structure, remains pervasive. At the organizational level, several respondents observed that the historical dominance of men in the medical field is still evident in the global health field—many older white males with medical degrees occupy leadership positions and perpetuate the “old boys' clubs,” which in turn provides a supportive network to people with similar profiles, especially in hiring processes. Furthermore, the demanding, limited, and often toxic nature of leadership positions is also a deterrent to women seeking out high-level positions, especially for those with significant family responsibilities. Various respondents also noted that while they consider mentorship to be helpful for growth, they had trouble accessing mentors that could help them navigate their careers. Finally, many

respondents identified imposter syndrome as being one of the greatest individual-level barriers for women's leadership.

Opportunities

The assessment found that there are opportunities to address gaps in the existing landscape to assist women's ascension to leadership positions in the global health industry. For example, while most European countries have nationally mandated paid leave for both parents, respondents noted that men often do not take the full leave, creating a disproportional childcare burden for women. Respondents also noted the importance of culture shifts to encourage more equitable sharing of household responsibilities. Relatedly, they mentioned the availability of childcare, which is often subsidized in European countries, albeit underfunded, as being an important enabler for working parents. At the organizational level, several European employers are increasing family-friendly employment models, e.g., part-time work and job-sharing, which make leadership positions more accessible to working parents, especially women. Respondents also discussed the importance of having male allies who mentor women and advocate for them in the workplace. Various respondent also noted that there are existing initiatives seeking to increase women's leadership in global health, including Women in Global Health and Global Health 50/50, and that these efforts are already making important contributions in this space.

Research Question 2: What are current efforts that foster women's leadership, diversity, and inclusion within organizations?

Various European countries have implemented laws requiring women's representation on corporate boards, which has normalized the practice in several countries across the continent. The European Union recently passed a quota law for Corporate Boards that will require member states to comply by July 2026. In addition to these national policies, some organizations provide benefits to staff that facilitate women and other working parents to continue progressing their careers during child-rearing years, e.g., flexible and/or remote arrangements, subsidized childcare, and support for family relocation expenses. Partly influenced by the Black Lives Matter movement in the United States, several respondents mentioned their company had adopted diversity, equity, and inclusion (DEI) policies, trainings, and other practices, e.g., introducing quotas, conducting salary benchmarking reviews, and even forming unions. However, several respondents also noted that the DEI movement is much less advanced in Europe than in North America and stated that their organizations could be doing more to promote DEI internally.

Research Question 3: What are the various ways organizations and the WomenLift Health program may work together?

The majority of respondents were not familiar with WomenLift Health prior to the interviews but expressed interest in learning more about the organization and requested meetings with WomenLift Health to discuss what potential partnerships could entail. A few mentioned that WomenLift Health should clarify its niche given that Global Health and Global Health 50/50 are established entities that have been working in this space for several years.

RECOMMENDATIONS

The assessment found that despite relatively progressive policy environments in European countries, women still face many of the same challenges as those in the other regions where WomenLift Health is already active and would thus be a helpful support to aspiring leaders in global health.

However, as WomenLift Health plans for expansion into Europe, it should consider the following in adapting the Leadership Journey curriculum: continue the core elements, prioritize a few countries and tailor the curriculum to the specific contextual needs in those places, cultivate a strong cadre of potential mentors and coaches for fellows, develop content that specifically aims to help women manage the demands of home life, and identify ways to involve men in the Leadership Journey.

WomenLift Health should identify its unique value add, especially vis-à-vis other organizations working to promote women’s leadership in global health and communicate that broadly to its European stakeholders. WomenLift Health should also consider having staff based in Europe who can develop the brand and strategically develop partnerships with relevant organizations on the continent.

Introduction

Program Overview

WomenLift Health, through support from the Bill & Melinda Gates Foundation, is committed to expanding the power and influence of talented women in global health and catalyzing systemic change to achieve gender equality in health leadership. WomenLift Health believes that it is essential to contribute to transformative institutional and societal-level change by raising awareness about the value of women’s leadership and catalyzing change through a portfolio of scaled interventions.

WomenLift Health is developing, implementing, and learning from a range of interventions that span the individual, organizational, and societal levels. At the individual level, WomenLift Health implements a Leadership Journey for mid-career women leaders in global health, with partner Center for Creative Leadership (CCL) facilitating Leadership Journey activities and linking the women to coaches. WomenLift Health recently concluded the third Leadership Journey cohort in the United States; 2022 saw the expansion of the Leadership Journey to East Africa and India. Institutional-level interventions include leadership projects that Leadership Journey participants (also called women leaders throughout this report) implement at their places of work, and a detailed strategy to effect institutional change in the longer term. At the societal level, WomenLift Health conducts the Women Leaders in Global Health (WLGH) conference and PowerUp workshops, elevates women leaders’ voices, and works to integrate discussion of issues of women’s leadership into broader public discourse.

Stakeholder Assessment Overview

To support evidence-driven expansion, WomenLift Health has partnered with Bixal to conduct ongoing data collection, learning, and evaluations for the program. Bixal supports WomenLift Health’s learning and adaptive management through continuous monitoring, annual evaluations, and timely landscape assessments. This report presents the results of a stakeholder analysis conducted in 2022 of mid- and senior-level global health professionals in Europe to look at the organizational and broader landscape of public/global health as it relates to women’s leadership. For the purposes of this report, “Europe” refers primarily to Northern and Western European countries; a few statistics cited in the report come from the broader European Union (EU) and Organization for Economic and Co-Operative Development (OECD), which include a few Eastern European nations as well. However, all of the respondents were from North

and Western Europe—for a full list of those countries, see Table 1. The purpose of this assessment was to help WomenLift Health address timely and relevant issues as the program expands to Europe.

Methodology

The assessment focused on three research questions:

1. What are the barriers and opportunities around women’s leadership in public/global health to address in the program?
2. What are current efforts that foster women’s leadership, diversity, and inclusion within organizations?
3. What are the various ways organizations and the WomenLift Health program may work together?

The research team relied on two primary methods of data collection: first, reviews of literature about the global health sector across Europe. Second, the research team identified a list of the most influential organizations in global health categorized by six sub-sectors: government institutions, multilaterals, private philanthropies, non-governmental organizations, academia, and private companies. The list was prioritized to ensure diversity across sectors. Using purposive sampling and working with WomenLift Health, the research team identified men and women who held senior and executive leadership positions in these organizations for interviews. The assessment also used purposive sampling to identify mid-career women in the same organizations as the Senior Leaders. For a quantitative breakdown of the respondents, see Tables 1 and 2. The research team identified 30 informants using the following methods: direct outreach to Bixal’s and WomenLift Health’s network, LinkedIn searches, cold outreach to organizations, and snowball sampling.

Sector	
INGOs	8
Government	1
Academic	8
Private	4
Philanthropy	5
Multilaterals	4
Career Stage	
Mid-Career	12
Senior-Level	18
Gender	
Female	27
Male	3

Table 1: Respondent Breakdown by Country*

Table 2: Respondent Breakdown by Sector

Country	#
Norway	4
Switzerland	8
Germany	8
Belgium	2
UK	2
Spain	2
Sweden	1
Denmark	1
Netherlands	2
Total	30

*The table denotes the country in which respondents are based, not necessarily country of origin. For example, several of the respondents counted under “Switzerland” are not Swiss nationals, rather expatriates based in Geneva working for bi- or multilateral organizations.

The research team conducted interviews using a secure, virtual platform. Each interview lasted approximately 45 minutes to an hour. The team transcribed and coded notes with unique IDs to ensure privacy of the respondent. The team reached saturation in the interviews and conducted qualitative analysis of the data using Atlas.Ti software. This report presents the findings of both the desk review and qualitative interviews.

Assessment Limitations

Readers of this report should keep these limitations in mind, all of which are common in this type of research.

Fluidity in participants' locations and sectors: Given the nature of global health work, several **study participants have lived and worked in various countries and sectors**, so they were able to talk about their experiences across these locations and organization types. Thus, responses may inadvertently refer to circumstances that are not solely reflective of their country of residence or sector.

Limited generalizability: The study covers a wide variety of European countries, many of which have significantly different policy contexts and cultural contexts. Given the **limited size and non-randomized nature of the sample, perspectives cannot be generalized** to any one country or sector, let alone the entire continent.

Limited representation: The research team notes that men and/or people of color were underrepresented in the sample and that academics, INGOs, and people based in Germany or Switzerland were overrepresented.

Findings



Research Question 1: What are the barriers and opportunities around women's leadership in public/global health to address in the program design?

Barriers

1. National/Societal Level

- 1.1. **Societal Norms and Gender Stereotypes**

- 1.1.1 *Caregiving Roles*

As in many societies, women in Europe tend to be the primary caretakers, especially when it comes to raising children. People often assume that women of a certain age will prioritize personal over professional lives and a few respondents described instances in which women were denied opportunities because they had young children, and decision-makers assumed that they would not be able to handle both responsibilities at once. Some respondents noted that the trend of women assuming the majority of childcare is starting to change due to new laws and generational shifts; however, the majority of responses affirmed that women continue to assume these responsibilities often at the expense of their careers.

I think not only this about the domestic part, but society still has so many biases, unfortunately. So, there is this perception that it is the mother or the female in the family that needs to do certain things related to school. If the kids are going to the doctor and things like that. And therefore, often it is the female in the family that takes that and the male who has the career. —Denmark, Senior-level, Philanthropy

Sometimes my husband would drop my son off and he was the only father dropping their kid off at school. It's hard to make society reconsider these changes. —Germany, Senior-level, Philanthropy

Many European countries have generous parental leave policies, either through EU requirements or their own national laws. Despite the widespread agreement about the importance of paid parental leave, however, a majority of European respondents discussed the tensions of taking long leaves and the challenges of being disconnected from the workforce. Women are encouraged to take their full maternity leave and will even be shamed by peers and their families if they do not take their leave. However, doing so also means that they are out of the workforce for extended periods of time, which frequently results in adverse impacts on their careers—they are often overlooked for high-visibility and leadership positions not only during their parental leave, but also prior to childbearing and during childrearing years, as organizational leaders may assume that women may not be willing or able to fully balance career and home responsibilities.

Women who raise children often face a career penalty. Typically, women have had certain roles at home that men typically don't take on. —Switzerland, Senior-level, Multilateral

When women have children, that derails their careers. When that happens it's hard to come back to a senior position. There is not a lot of flexibility with women who have children at a senior level —England, Mid-level, Academia

Though respondents reported career penalties for working mothers across all sectors, several respondents, from across sectors, mentioned how it is particularly acute for women in academia. They discussed how so much of the basis for tenure and advancement is tied to publications, but women are often in childbearing and childrearing stages during this critical juncture in their careers. During maternity leave, they also miss out on grants and come back from their maternity leave with added pressure to win new research grants and catch up with their male peers. This is one of the key reasons women drop out of academia and find more flexible career opportunities in other sectors.

We need to apply for grants constantly to be at the university and that takes up a lot of our time. And these grants are only valid for a certain number of years. So, if somebody's away for a year, it's hard to promise them to have a salary when they come back. As a research group you can't discriminate against someone on maternity leave, but at the same time, we live in a reality where it's hard to promise or ensure that there is funding, so it puts us in a very tricky position. And that could of course lead to an unwillingness maybe to employ women. —Sweden, Senior-level, Academia

You have young people that finish their PhD and go into Academia and at the same time they get children and family responsibilities. Even though the structure is much more based on equality than in many other countries, I still think that's one of the reasons why many women cannot publish at the pace of their male colleagues. —Norway, Senior-level, INGO

When women are trying to pursue tenure at the same time that they have kids. The women need to take care of kids and get tired and pursue other career paths. —Spain, Mid-level, Academia

Despite relatively progressive leave policies in Europe, women often make decisions that afford them the flexibility to meet family responsibilities over traditional career growth. In Scandinavia, research shows that “women were more likely to switch from specialties and leadership tracks after childbirth to positions that provided more flexibility with childrearing,” and in the United Kingdom, a study “attributed the lack

of women's leadership roles to the rigidity of career paths leading to leadership within medicine, and reliance on a hierarchical system that disregards the modern needs of people to balance career expectations with other responsibilities outside work" (World Health Organization, 2019). Several respondents echoed the need for this flexibility.

I think it is also important to [for]women's leadership to [promote] four-day work weeks. That's what I currently have, but I have it at 80-percent pay. But the four-day week work week at the same pay, which I know some countries in Europe (Ireland and Spain), have done some pilots, and I know some organizations in the US have started implementing them with great success. There's more recognition of people's caregiving responsibilities and the physical and psychological benefits of work-life balance. And so, I hope that becomes more widespread...I think it would be very positive for women in particular, but a lot of people in general. —Germany, Mid-level, Philanthropy

I think there is still an issue in providing necessary support to women who want to have a family and work full-time, too. Even part-time is hard. —Germany, Mid-level, Private Sector

While flexible hours and part-time positions allow women to better balance their responsibilities, it is important to note that women who were interviewed still noted negative repercussions and discrimination against women who use them and these women are often not considered for senior leadership positions in the workplace. Flexible hours and part-time work are good at retaining women in the workforce but serve as barriers to reaching senior leadership positions.

1.1.2 Societal Norms

When asked about the primary barriers to women's career progression, many respondents mentioned that there is still a pervasive bias against women, regardless of their level of experience or family structure, as detailed in Section 1.1.1. Some respondents, especially those based in Western Europe, described explicit forms of bias, e.g., being passed over for opportunities because they are considered less competent or "up to" the tasks. However, respondents more often talked about the long-term effects of women being socialized to be demure, especially vis-à-vis men. The result, they explained, was a tendency for women to miss out on important professional opportunities.

In the expert commissions where I'm part of, I really have the impression that women in comparison are always considered to be less fit for the job, even if they have the perfect CV, just in comparison to the men, people are always giving the male the benefit. You would think he's more competent than the woman... Women are just always considered less competent than men. —Germany, Mid-level, Philanthropy

Due to gender norms and roles in all societies right now, women have less opportunities to have the same achievements. —Switzerland, Mid-level, INGO

2. Organizational Level

2.1 Gendered Nature of Global Health Industry

Several respondents remarked that the historical dominance of men in the medical field is still evident in the global health field. Older white men with medical degrees tend to be top decision makers in the health field. As in other regions, respondents shared observations of the "old boys' club" phenomenon, in which these men tend to provide supportive networks to one another, especially in hiring processes, where affinity bias results in hiring of people with similar profiles and keeping women and/or people of color out.

[My organization] is very medicalized. You don't get to a leadership position unless you have a medical doctorate, and you need to be senior. It's an old boys' network, it's men who know men. If you knew someone, that's how you would get promoted. In my work, things can be quite sexist at times. —Germany, Senior-level, Private Sector

It's predominantly white males that make decisions. Decisions are not very diverse ... how could they be? It's difficult to get different perspectives. There's active discrimination against women and women of color. —Switzerland, Mid-level, Multilateral

Some years ago, there was a prevalence of male-dominated professions and health and female-dominated professions. There is systematic discrimination in Europe where the system is in favor of men. —Norway, Senior-level, Government

Some respondents noted another adverse consequence of this phenomenon—the absence of visible female leaders or mentors can be discouraging for women's own career aspirations.

There's an aspect of seeing all the managers being male. When you see that, it seems like a position like that is too far out of reach. These impressions and perspectives for young people leave more a mark than someone whose been feeling like that for a while. Your first impression is the lasting reality throughout your career. —Switzerland, Mid-level, Multilateral

2.2. Nature of Leadership Positions

Several respondents noted that some women do not aspire to top positions because of the very demanding schedules that these jobs tend to have. This was especially true of women with children because as previously noted, many women with family responsibilities need flexibility in their jobs.

It should not be expected of anyone to work the kind of hours senior-level people do. For everyone's general well-being, it shouldn't be normal for people to have to work 100 hours a week. —England, Mid-level, Academia

However, in addition to these demands, respondents noted the high level of politics and toxicity that come with them. A few also commented that those environments do not tend to be compatible with or conducive for women's leadership styles.

You don't get 95 percent of men in leadership roles by accident, it's not defined by qualifications. To get into these roles, you need to have a level of ambition that's extraordinarily high, because these kinds of roles can be toxic situations. This dissuades women, and particularly women of color, to pursue these kinds of roles. —Switzerland, Senior-level, Multilateral

Women who take leadership positions are expected to act like men. Many women who are in leadership positions don't have children. Once you make it to the top, women are expected to act like men. There is a leadership style that's expected in top leadership where competition is fierce and doesn't really align with the way women lead. Women have a more collaborative and passionate way of working. —Germany, Senior-level, Private Sector

Respondents also observed that the limited availability of leadership positions is also a deterrent to career advancement. They described their workforce as a pyramid with more limited leadership positions at the

top, which men continue to have an advantage attaining. The historical dominance of men in leadership positions coupled with limited leadership positions in the pipeline hinders interested women from accessing leadership roles.

[For leadership positions, there]is a zero-sum game. So, either it is a male leader or a women leader. And usually, you don't have kind of co-leaderships in most of these organizations. —Germany, Senior-level, Private Sector

Additionally, due to historical bias and challenges with balancing work and caregiving responsibility, there are more women in middle-management positions but fewer who are at a higher level and who can easily step into executive level positions. The leaky pipeline tends to continue to drop women as they climb the career ladder.

There are also less women in high middle management and [less] who could move forward, or as I said before, [less who] are willing to move forward and to that kind of top leaders' positions. —Germany, Senior-level, Private Sector

2.3 Lack of Access to Mentors

In Europe, respondents also described the importance of coaching and mentorship opportunities as in other regions. However, several mid-career respondents mentioned that they would like a mentor but were not able to find one through their employers so far. They also discussed the benefits of an external mentor so that staff can feel comfortable sharing organizational challenges and also receive recommendations for opportunities outside of their current organizations.

Peer-to-peer collaboration is one thing, but having mentors external to my organization would be very helpful. I've never had that, and it would be really valuable to me to have a more senior mentor to help me work through some of the issues I'm dealing with now. —England, Mid-level, Academia

Having a healthy environment for young women is important. I don't think we're there yet. I'm not sure if people would feel comfortable speaking up. If they had a mentorship program that would be helpful, but I don't know if they could justify this with the resources. —Switzerland Mid-level, Multilateral

3. Personal Level

3.1 Imposter Syndrome

As previously noted, several respondents spoke about the social norms that discourage women from asserting themselves. This feeds into the notion of “imposter syndrome,” whereby women feel reluctant to seek high-level jobs or assignments for fear of being underqualified. In contrast, they talked about how men often do the opposite—they seek out larger grants, more speaking roles in front of the media, and greater leadership positions, even if they were not the most qualified person for the role. Compared to women, men were more likely to promote themselves and seek these high-risk, high-reward opportunities.

I would like to decrease imposter syndrome; I know many women have this problem. Other women at my level, we all agree we don't apply for positions we might deserve. There is a barrier that you need to overcome when working in global health. —Switzerland, Mid-level, INGO

Not that the men knew more, but they were more willing to be seen and speak about things that were unknown/uncertain. This shows a lot of what happens in the career path. Men are more willing to market

themselves and their project. Women are not as sure—they don't want to apply for the big grants. Over time, this puts men out front. Not sure if [women]y are afraid, but they don't have an assertive personality. —Spain, Mid-level, Academia

I see men actively self-promoting themselves and throwing themselves into roles and then I see women not do this, even when they are fully qualified for a role. This has caused many men to be in roles that [they] aren't qualified to be in and frustrated women who should've been in those roles. —Switzerland, Senior-level, Multilateral

Opportunities

4. National/Societal Level

The World Bank's 2023 Women, Business, and the Law report gave 12 European countries perfect scores, indicating that women and men have equal legal standing in those countries, and other European countries earned top scores as well (World Bank, 2023). Although the laws in these countries set the stage for equality in theory, interviews revealed that in practice, the laws are merely a starting point for leveling the playing field between men and women.

4. 1 Parental Leave

The length of paid maternity leave greatly varies by country in Europe, from 100 days in Estonia to 410 in Bulgaria (World Bank, n.d.). The European Union has required members to provide at least 14 weeks of paid maternity leave since 1992, and a 2019 law introduced a two-week paid paternity leave that all countries was implemented by August 2022 (European Parliament, 2022). However, each country has its own scheme, and countries like Portugal and Sweden do not even distinguish between maternity and paternity leave, instead having an all-encompassing parental leave (ibid.). In addition to these policies, some respondents mentioned that their employers provide additional coverage.

Leave is a little different from company to company, I think in Denmark in general you have half a year in total. You can take half a year total where you get full pay, and then three months of that half year for the males or for the non-birth-giving parents. In our organization, I think you can take up to 37 weeks, we have extended our policy. —Denmark, Senior-level, Philanthropy

Despite the availability of paid parental leave for both parents, several respondents shared that men often do not take the full leave. This creates additional barriers for women because they have to provide disproportionate level of the childcare for their families. Additionally, taking parental leave is also seen as a “women” thing in the workplace, disproportionately affecting career paths for women. Men receive negative social cues that they shouldn't take their full leave. As such, policy change is not enough and there needs to be additional social encouragement for men to also take parental leave. To encourage this, some countries, only allow women to take full leave if their partner also takes their leave. This type of initiative will create greater gender parity both in the household and in the workplace.

It is of course extremely looked down upon if you do not use your current leave as a young man in today's Norway, it's expected that you do, and even the private firms encourage it. —Norway, Senior-level, INGO

I think parental leave is quite a big thing—child rearing should be an everyone thing. If it's more normalized for men to take parental leave, then it's not such a huge thing for women to take leave.
—England, Mid-level, Academia

The male partner can take an equal amount of leave. Both parents can take a period of leave for up to 6 months. It's been a game changer for male and female staff. It has helped level the playing field. The uptake of leave from males [is] not large. More encouragement for men to take this would help.
—England, Mid-level, Academia

4.2 Childcare

Many European countries also provide free or highly subsidized childcare, which respondents said was a great asset to working parents. In OECD countries, researchers have identified “a strong correlation between mothers’ labor force participation and enrollment of children in childcare services” (Devercelli and Beaton-Day, 2020). Accordingly, several respondents mentioned childcare as a key enabler of women’s career advancement, whether it be through their employer or a national scheme.

Of course, you have the daycare system in Denmark. That is where you can get free daycare for your kids...That makes a huge difference for the mothers to go to the workplace that day, that you can actually send your kids to daycare, and you know that they are safe. —Denmark, Senior-level, Philanthropy

I will give you an example from the German government which has a family friendly policy to both male and female staff. They have a kind of training and support organization that even before you get recruited into government, you can reach out to get help with childcare and ask questions, such as working hours. You can reduce your working time as well if you need to. In many of the ministries, there are childcare rooms. You can work while watching your child. There is a lot of social support in government and in organizations. These things are both common in Europe here than other countries
—Germany, Senior-level, Government

Nevertheless, even in high-income countries, childcare tends to be underfunded, creating a large financial burden for families (ibid.). Several respondents also pointed out that this is a particularly big challenge for parents working in global health given the high amount of travel that tends to come with mid- and senior-level positions in this sector.

I have been traveling almost every month to an African country for 6 to 8 days. Then my husband is alone with my 2-year-old daughter, so that's quite a challenge. And I think if I climbed up the ladder, I will be away even more often, so that would be a challenge for my family life. So, I have to wait for a couple of years until I can take that step. —Germany, Mid-level, Philanthropy

5. Organizational Level

5.1 Family-Friendly Employment Models

A few respondents discussed how some organizations have started allowing more part-time work, even at leadership levels, which makes the positions more accessible for people who are balancing family responsibilities, especially women.

If you look at the European health system, it is changing. Leadership positions can be taken part time. We have this in our hospital now. This has opened a way for women to participate in leadership positions. If

women are in their 40s and want to take up a leadership position while also having a child, often they need part-time roles. It is necessary for many of them to be able to work in a part-time position and that I think is the traditional view of how men [and] women share their responsibility for family life. It's still very often in Europe, still done by women, but the younger generation is different there. —Switzerland, Senior-level, INGO

We have part-time models, which actually works quite well in a consulting firm since it is project based. We try to find and balance the right model for female colleagues and their families. —Germany, Senior-level, Private Sector

A few respondents also mentioned the growing trend of job-sharing, a model that allows employees to work on a part-time schedule, while providing the employer with full-time coverage for a given position, as a promising staffing alternative.

Some senior-level positions have job share. But it's rarely done ...[women] could be more supported with the job-sharing idea. With senior positions, this would be helpful—we know the hours that are involved with working these jobs. Maybe taking those jobs and making them into smaller roles. —England, Mid-level, Academia

5.2 Male Allies

Participants emphasized the importance of male allies and gave specific examples of how men can continue to promote women in the workplace by being mentors and advocating for women in the workplace.

Men who already have more progressive thinking help their peers. I've seen women get put in successful positions by males. —Germany, Senior-level Private Sector

The director of my division is a man, and he always tries to help. He always puts women in the spotlight. I have seen my director put people on projects when he knows they would do well on. —Switzerland, Mid-level, Multilateral

Encouragement from males to speak up. I found out [from my] male colleague [he] was getting more than I was. If he didn't share this, I wouldn't have been able to go to HR and make an argument to get a better salary. —Switzerland, Mid-level, Multilateral

Some of my important mentors have been men. They have given me advice, feedback, etc., creating the space to recognize when credit is not given, men can step in and do something about it. Listen openly when they get critical feedback. —Switzerland, Mid-level, Academia

While there were examples of strong male allyship, many participants suggested that men actively amplifying the voices of their female colleagues, supporting women, and even stepping down from leadership positions gives space for women. There is a great opportunity for men to play an active role in ensuring their women colleagues are heard and promoted.

If men are involved in setting up panels of experts and they notice that it's an all-male panel, they should chime in or say, 'I don't have to come speak for my organization, but this woman could,' to promote the diversity of the panel. —Germany, Mid-level Philanthropy

I didn't get the support I needed while I was working in Iran [on a short trip for work] ...I was sitting in a room with men and women. All the supervisors there were male. We were discussing a maternity ward which only had women employees. The voice of women is not really heard in this part of Iran. When I tried to argue or make a point, nobody listened to me because I was a woman. I would've liked in this moment

for a male colleague to repeat the opinion and suggestion and not disregard my comment because everyone else wasn't listening to me because I was a woman. —Belgium, Mid-level, INGO

Men say they are an ally, but when they asked to step down to let women take over, often they will not because they've also had ambitions to stay, stay in that leadership. —Germany, Senior-level, Private Sector

Additionally, several participants also named ways that men can be allies by sharing household responsibilities. By taking on a bigger role within the household, men can take some of the burden from their female partners in the household and also normalize working decreased or flexible hours so these are not seen as only “women’s” issues.

“I think there needs to be a transition in society in general where the males take more household responsibility as well for these things.” —Denmark, Senior-level, Philanthropy

I have a 50/50 policy with my husband. Who picks my kid up, who cooks, who cleans. This lets me focus on work. —Switzerland, Mid-level, Academia

As male partners, they can do a lot. They can share the household work and childcare. I think that's the most important thing. —Sweden, Senior-level, Academia

5.3 Existing Networks

As noted in Section 2.3, while several mid-career-level women pointed out the need for more pathways to find external mentors, several others, particularly senior women, were aware of or actively involved in existing networks, such as Women in Global Health and Global Health 50/50. They discussed the value of these networks.

There's a network of Women in Global Health, which has chapters around the world. The network of Women in Global Health, you can find many different women...The World Health Summits happened in Berlin, so it encourages women to link up and connect and form their own groups. —Germany, Senior-level, Private Sector



Research Question 2: What are current efforts that foster women’s leadership, diversity and inclusion within organizations?

6. National/Societal Level

6.1 National-Level Quotas

Some countries like Norway, Belgium, and France have instituted a quota system for corporate boards to increase the number of women in leadership positions. For example, in France, 45 percent of a board should be women (European Women on Boards, 2022). The EU has also recently passed a new law effective July 2026 for large companies called “Women on Boards,” which dictates that “40 percent of non-executive seats or 33 percent for both non-executive and executive board positions should be filled by underrepresented sex” (Kontolulis and Yakimova, 2022). These practices mostly affect private and philanthropic sectors, however.

In Norway they have had quotas for many years. A board has to comprise 40 percent women. And you know you have a lot of views on quotas, but it has worked for the Norwegian setting. —Norway, Senior-level, INGO

I am sure that quotas help a lot. Sometimes it makes sense to have quotas. Create a situation to make it more normal to have women in leadership. In the political parties, there are policies around this, and it helps. Sometimes affirmative action can backfire if people get the feeling that she/he got the job to fill a quota. —Germany, Senior-level, Philanthropy

My generation pushed for quotas. They made a difference. There were loads of unqualified guys that got senior positions. Expectations should be mathematical. Like with world health summit, set a goal and work towards it. Ask men to identify women that should have a seat at the table. Our experience told us women are likely to drop out because of family emergencies. Want to increase number of females in political parties in Europe. Want to normalize things – women are in politics, CEO positions. —Switzerland, Senior-Level, Academia

7. Organizational Level

7.1 Benefits

Many respondents mentioned that having flexible and remote work options has been helpful for retaining both men and women parents in the workforce, though a few respondents did mention that this can sometimes create staffing challenges for employers.

There are flexible policies for women and men. Men who have a family are increasingly taking responsibility at home. We can work [at] home, not always, but it's possible. —Germany, Senior-level, Philanthropy

It's easier now in the COVID era because it's more accepted to work from home. And everything is more digitalized. So, I think that made it much easier for many female researchers with small children. If you can't be at the office, you can do a lot. You can still participate in meetings in there too, and I think that that's an advantage. With digitalization it makes it easier, and I think there's a large acceptance for that. —Sweden, Senior-Level, Academia

I am here on the other side. This flexibility is really a challenge sometimes. Two of my staff (one is going to be a father and the other is going [to] be away for 9 months) are gone and I have to fill this position. There is nothing we can do as an employer. It's a really good system for employees and if you are an employer and have enough staff to manage it, then it's great. —Germany, Senior-level, Private Sector

Some organizations provide specific benefits to encourage women to better manage their core work duties. For example, organizations provide funds during travel for women to pay for childcare or make arrangements if they are nursing. There are also increasing opportunities for women who move to a different country for work to better support their spouse or family during this move so that more women take advantage of career-enhancing opportunities.

A flexible career fund. I travel for work and have nursery-based fees—which means it costs extra to travel. The university has a fund for this, so I can afford to travel to certain opportunities. —England, Mid-level, Academia

One organization is piloting an initiative to support families to relocate for leadership positions and provide better options for their spouse and families.

I saw some women who are in coordinator positions, it is not always easy to find a similar position for the partner... It may be less interesting for a man to say they will take care of the children for a few years. We can't always match the partners. It is not for us to imply, it is a personal decision for the people. We are trying to promote more families in our missions, but it is not always possible because of security situations. We are seeing if they can be based closer, if not at the mission. This may be more attractive to women. Maybe they are in the capital city and the woman goes to the field during the week but during the weekend can go live with the family. It has now been implemented for 6 months. We have put money aside so we can do this. —Belgium, Senior-level, INGO

7.2 DEI Policies and Practices

A few respondents mentioned that their organization had provided trainings aimed at reducing discrimination, including trainings on sexual harassment, critical whiteness, and microaggressions. The Black Lives Matter Movement in the United States was also very influential in further examining organizational policies and further encouraging action by organization.

Some respondents mentioned that their organization had a DEI policy in place, often covering their recruitment processes. With or without such policies, some respondents described steps their organization had taken to develop an equitable hiring process with the ultimate goal of diversifying the staff.

Internally, here in the foundation we have our diversity policy ... It's very basic, based on very simple principles. It is regarding recruitment. We translate that policy into our processes and activities, but it is regarding recruitment, promotions, equal pay, an inclusive environment. —Denmark, Senior-level, Philanthropy

We have criteria that really calls for diversity. That is across a range of issues. We are obliged to take interviews with applicants that have disabilities, for example. Gender parity/equality is not part of recruitment but diversity is part of the process ... recruitment practices are very regulated. —Norway, Senior-level, Government

Unlike the United States, European countries were focused on decolonization and on representation of voices and staff from Global South nations.

We recruit people from different parts of the world. We have shifted to a policy where we recruit people from different workstations, as long as we can legally employ people. There are issues with tax. We have people who have their workstation in Congo, India, and a number of other countries. —Netherlands, Mid-level, Philanthropy

Relatedly, several others talked about having diversity targets or quotas for leadership. Respondents generally talked about quotas in a positive light given that they are proven methods for boosting women's representation in leadership throughout various European countries (see Section 6.1).

In German companies, introducing quotas has helped women reach senior leadership positions. I think there is much more awareness. Quotas or boards being very strict to promote gender mix. —Germany, Senior-level, Private Sector

There is a lot of awareness for the topic. There are also targets with regards to how many women are in leadership, or it's monitored. I'm not totally aware of what the targets are, but probably there are, and it's monitored how many women leaders we have and how the numbers are changing. And there are efforts we even have to increase the numbers. —Germany, Senior-level, INGO

Additionally, some organizations also conduct regular reviews and surveys to better understand their organizations and address issues as they arise. For examples, some organizations have done salary reviews and made compensation adjustments to ensure equitable pay for staff. Others have surveyed staff to better understand discrimination and sexual harassment cases and worked to address them.

The salary negotiation/performance reviews — we received an expensiv analysis of levels of gender/diversity. It's not easy because we don't have that many people.. When we're looking at [the] public side, we look at opportunities to figure out inequalities built in the system. —Norway, Senior-level, Government

I think we have surveys very regularly where people are asked if they feel discriminated against or sexually harassed. If there's any exclusion or discrimination. So, they followed that very closely. It's mandatory to have those surveys and they follow any reports quite closely, and you need an action plan if anything comes out negatively in them. —Sweden, Senior-level, Academia

In one case, there was an organization that had a union that would negotiate salary and benefits for staff so they are fairly compensated for their work and escalate issues as they arise.

We have unions for everyone really, including the administrative staff. So, it's a very union-based structure where the unions are part of the yearly negotiations for salary. If you're part of the union you pay a little percentage of your monthly salary to this union. Every institute and faculty have their union representatives amongst the staff. They were on the awareness courses. They inform if you feel you have problems you can go to them and they will push for you. —Norway, Senior-level, INGO

7.3 Relative Lag of DEI Movement

Though European respondents in most interviews described some type of DEI effort at their organization, a few mentioned that their organization should be doing more in this area.

I think right now there's really no effort to make sure that we're reaching diverse staff. Like in our hiring, we're not intentional about trying to diversify staff. We're currently, probably like 95 percent white... I think hiring is the easy, low-hanging fruit. But there could be more happening around diversifying our hiring, eliminating personal biases from hiring processes. —Germany, Mid-level, Philanthropy

I think we need more targeted, proactive efforts to recruit certain types of people. It's not been enough just to open a job up. —Switzerland, Mid-level, Academia

A few others observed that the DEI movement in Europe was much less advanced than in the United States.

I'm from Germany originally, but I lived in the U.S. for a long time where DEI is much...more prominent... in Germany especially, there's no understanding of diversity, equity, and inclusion yet. —Germany, Mid-level, Philanthropic

I don't think we are doing enough though to build diversity. The discussions around this in Europe are slower to evolve than those in the U.S. —Switzerland, Mid-level, Academia



Research Question 3: What are the various ways organizations and the WomenLift Health program may work together?

8. Potential Collaborations

Despite not being familiar with WomenLift Health, most respondents expressed an interest in learning more about the initiative and potentially getting involved with it. Many requested a call directly with WomenLift Health to discuss what potential collaboration could look like. However, a few offered specific types of partnership, including a willingness to promote the Leadership Journey to potential applicants in their network and/or have their organization receive trainings from WomenLift Health. Participants were also interested in being linked with mentors.

A few also cautioned that given the established presence of other related organizations, e.g., Women in Global Health and Global Health 50/50, that WomenLift Health should clarify its niche within this space, especially within the European context, to avoid duplicative efforts.

Most of the women I know are collaborating with Global Health 50/50 and Women in Global Health. Being clear on what's the specific value add and then it doesn't appear to be competitive because I think also as kind of the market for these initiatives, we're very sensitive to those. —Germany, Senior-level, Private Sector

Recommendations

The assessment found that despite relatively progressive policy environments in European countries, women still face many of the same challenges as those in the other regions where WomenLift Health is already active, and the leadership journey would be a helpful support to aspiring leaders in global health. As WomenLift Health adapts its Leadership Journey curriculum for a European cohort, it should consider the following:

- Continue the core elements of the existing Leadership Journeys, especially combating imposter syndrome and building concrete leadership skills.
- Recognize that there are significant differences in the contexts within each European country. WomenLift Health should begin by selecting a few focal countries, conducting additional research as needed, and tailoring the Leadership Journey to the specific needs of those countries.
- Continue linking women with mentors and coaches so they can provide guidance and support to mid-career-level women throughout the Leadership Journey.
- Cultivate a strong and broad cadre of experts who can serve as mentors for fellows.
- Include content about managing the demands of family life, especially creating equal partnerships at home. Though these issues may be difficult for WomenLift Health to influence directly, this was such a significant concern among female respondents that WomenLift Health

should consider how to provide support for this aspect of growth via ongoing peer groups, WhatsApp chats, etc., life coaching, and/or recommending books, blogs, or other resources.

- Identify ways to involve men in the Leadership Journey so there is more discussion about male allyship and better partnership with men.

As WomenLift Health expands into Europe, it should identify its unique value, especially vis-à-vis other organizations working to promote women's leadership in global health and communicate that broadly to its European stakeholders. To ensure successful expansion in Europe, it is important for WomenLift Health to partner or collaborate with key organizations, such as Women in Global Health, who have chapters across countries in Europe. Having an office or staff based in Europe may help to develop this brand and strategically build the initiative's network and influence to provide better linkages and partnerships with notable organizations in Europe.

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